2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90554 017 ****55.00

DOCUMENT # L02000008343

1. Entity Name
SAICI, LLC

Principal Place of Business
19 N. OLD KINGS RD., SUITE C 101
PALM COAST, FL 32137

Mailing Address
19 N. OLD KINGS RD., SUITE C 101
PALM COAST, FL 32137

2. Principal Place of Business
1 Florida Park Dr. North
Suite, Apt. #, etc.
109-110
City & State
Palm Coast, Florida
Zip 32137 Country

3. Mailing Address
1 Florida Park Dr. North
Suite, Apt. #, etc.
109-110
City & State
Palm Coast, Florida
Zip 32137 Country

03222004 Chg-LLC CR2E083 (10/03)

4. FEI Number
02-0592460
Applied For
Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

INDEST, GEORGE F III ESQ
C/O GEORGE F. INDEST III, P.A.
220 E. CENTRAL PARKWAY, SUITE 2030
ALTAMONTE SPRINGS, FL 32701

7. Name and Address of New Registered Agent

Name
OLGA POSTERNAK HOCHMAN
Street Address (P.O. Box Number is Not Acceptable)
1103 ROYAL TROON LN.
City St. Augustin FL Zip Code 32806

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] - President 3/24/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	POSTERNAK, OLGA	NAME	POSTERNAK, OLGA
STREET ADDRESS	19 NORTH OLD KINGS, RD, #C 101	STREET ADDRESS	1 Florida Park Dr. N. 109-110
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	MGRM ☐ Delete	TITLE	MGRM ☑ Change ☐ Addition
NAME	HOCHMAN, VICTOR	NAME	HOCHMAN Victor
STREET ADDRESS	19 NORTH OLD KING RD, C 101	STREET ADDRESS	1 Florida Park Dr. N 109-110
CITY-ST-ZIP	PALM COAST, FL 32137	CITY-ST-ZIP	Palm Coast, FL 32137
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] - President 3/24/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #